

**IFW**PATENT

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Bolduc

Docket No.: 9494.18398

Serial No.:

10/692,282

Examiner: David Isabella

Filed:

23 October 2003

Group Art Unit: 3738

For:

Catheter-Based Fastener Implantation Apparatus and Methods

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450



### **AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

## **STATUS**

- 2. Applicant is
  - [x] a small entity
  - [ ] other than a small entity.

### **CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Linda S. Wenze

Type or print name of person mailing paper

(Signature of person mailing paper)

Date: 17 February 2005

02/22/2005 HDEMESS1 00000031 10692282

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# **EXTENSION OF TERM**

NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed aft Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment expiration of the shortened statutory period.							
	a Notice the time	e of Appea ly-filed res	l or filing and/or entry of an ad ponse placed the application i	lditional amendment after expirat	ne is required to permit filing and/or entry of ion of the shortened statutory period unless ise, if a Notice of Appeal has been filed within her 10, 1985 (1061 O.G. 34-35).			
NOTE:	See 37 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.							
3.	The proceedings herein are for a patent application and the provisions of 37 CFR 1							
	(complete (a) or (b) as applicable)							
	(a)	[x ]		or an extension of time un or the total number of mor	nder 37 CFR 1.136 (fees: 37 CFR nths checked below:			
	Extension		Fee	for other than	Fee for			
	(mont			nall Entity	Small Entity			
	one m		·	120.00	\$ 60.00 \$ 335.00			
[]	two m	months		450.00 020.00	\$ 225.00 \$ 510.00			
[ ]		nonths		590.00	\$ 795.00			
[x]	five m			160.00	\$1080.00			
	Fee: \$ 1,080.00							
	If an additional extension of time is required please consider this a petition therefor.							
	(check and complete the next item, if applicable)							
	therefor		months has already been secured and the fee paid is deducted from the total fee due for the total months asion now requested.					
	Extension fee due with this request: \$							

OR

(b)

[]

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### **FEE FOR CLAIMS**

The fee for claims has been calculated as shown below: 4.

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(i)*	14	-20 =	(6)	x \$ 25.00	\$0	\$0
Independent Claims (37 CFR 1.16(h)**	1	-3 =	(2)	x \$ 100.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(j))				\$180.00	\$0	\$0
Total Additional Fee					\$0	\$0

If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (c) or (d) as applicable)

WARNING: "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

[x] (c) No additional fee for claims is required. OR (d) [ ] Total additional fee for claims required \$\_\_\_\_\_.

## **FEE PAYMENT**

	<b>a.</b>	
l j	Charge Account No	the sum of \$

### **FEE DEFICIENCY**

NOTE:

Customer No. 26308

If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required, charge Account No. <u>06-2360</u>.

### AND/OR

[x]	If any overpayment of fees or addition 06-2360	additional fee for claims is required charge Account No			
		SIGNATURE OF ATTORNEY			
Reg. No.:	29,243				
Tel. No.: (	(262) 783 - 1300	RYAN KROMHOLZ & MANION, S.C. P.O. ADDRESS			
		Post Office Box 26618			
		Milwaukee Wisconsin 53226			